

FILE

## NEVADA FINANCIAL DISCLOSURE STATEMENT

JAN 31 2006

(Attach additional sheets if necessary)

DEAN HELLER  
SECRETARY OF STATE

1337

NAME Rachel D. Clingan  
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 CITY, STATE, ZIP Lovelock, NV 89419  
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LENGTH OF RESIDENCE IN NEVADA 19 years  
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 19 years  
 VOTE (per NRS 281.571(1)(a))  
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List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]

| Public Office   | Elected (E) or Appointed (A) | Annual Compensation        | Term or Date Appointed | ANNUAL<br>all elected and appointed public officers<br>(no later than Jan 15 each year)<br>NRS 281.550(1)(b)<br>281.561(1)(b) | CANDIDATE<br>(no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate)<br>NRS 281.561(1)(a) | APPOINTMENT<br>to fill unexpired term of an elected or appointed public officer<br>(within 30 days)<br>NRS 281.560(1)(c) |
|---|------------------------------|----------------------------|------------------------|---|---|--|
| <u>Perkins County School District Trustee, Seat C</u> | <u>E</u>                     | <u>\$1545<sup>00</sup></u> | <u>Jan 4, 1999</u>     | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|   |                              | \$                         |                        | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |
|   |                              | \$                         |                        | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]

|                              | Self                                | Household Member                    |
|------------------------------|-------------------------------------|-------------------------------------|
| <u>Coeur Rochester, Inc.</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <u>Social Security</u>       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|                              | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                              | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                              | <input type="checkbox"/>            | <input type="checkbox"/>            |

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]

|                              | Self                                | Household Member         |
|------------------------------|-------------------------------------|--------------------------|
| <u>Direct Merchants Bank</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Chase MasterCard</u>      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                              | <input type="checkbox"/>            | <input type="checkbox"/> |
|                              | <input type="checkbox"/>            | <input type="checkbox"/> |
|                              | <input type="checkbox"/>            | <input type="checkbox"/> |

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)].

|             | Self                     | Household Member         |
|-------------|--------------------------|--------------------------|
| <u>None</u> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/> | <input type="checkbox"/> |

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

| Specific Location                           | Particular Use               |
|---|------------------------------|
| <u>4500 Old Victory Trail, Lovelock, NV</u> | <u>\$52,000 / Investment</u> |
|   |                              |
|   |                              |
|   |                              |

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

| Donor       | Value of Gift |
|-------------|---------------|
| <u>None</u> | \$ <u>0</u>   |
|             | \$            |
|             | \$            |
|             | \$            |
|             | \$            |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: Jan. 31, 2006

Signature: Rachel D. Chazan